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## BIB DATA SHEET

CONFIRMATION NO. 3366

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/18/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		UT	12	44	7
Verified and /MELISSA K RYCKMAN/ Examiner's Signature		Initials				

**ADDRESS**

IMDS, INC.  
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 UNITED STATES

**TITLE**

Bodily tissue dilation systems and methods

<b>FILING FEE RECEIVED</b> 1518	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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